

## Sample Victim Witness Client Survey

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements:

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	Strongly Agree	Agree	Disagree	Strongly Disagree	Neutral
1. This agency helped me to recognize my legal rights.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. The services I received helped me to participate in the court and prosecution processes.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. This agency helped me learn how to access benefits or community resources.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. My victim-witness coordinator's support helped me to cope with my situation.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. I am satisfied with the services I have received through this program.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

*Thank you for your assistance in completing our survey!*